

strange and unusual markings in the left thorax, suggestive of the appearance of gas. A barium enema corroborated this.

Accordingly a tube was introduced through the nostril into the stomach, and a few ounces of barium milk were given by lavage. In due time pictures were taken and the results were startling. All of the small intestines, with the exception of a small portion of the duodenum, as well as the ascending and a portion of the transverse colon, were found to lie in the left pleural cavity.

It was decided to operate, and forty-one and a half hours after birth, the child was placed on the table. The surgery was performed by Dr. Henry Johnson, assisted by Dr. Raymond T. Wayland. Under ether anesthesia a high abdominal incision was made and the hernial opening located in the lower surface of the dome of the diaphragm. A fair-sized rubber drainage tube was introduced along the bowel through this opening into the left pleural cavity to admit air as the bowels were delivered. Gentle traction made on the colon failed to deliver the bowel. Before it was released into the abdomen sufficient force had to be exerted to tear the bowel loose from the pleura and lung to which it had been firmly adherent. The colon was strangulated, but fortunately color returned before the operation was completed and no resection was necessary. A portion of the mesentery and omentum were also adherent in the pleural cavity. Again, fortunately, hemorrhage was not excessive. The edges of the rent in the diaphragm were freshened and closed with chromic gut. The abdominal opening was closed in the usual manner, sealed with collodion, and hot Epsom salt compresses applied to the abdomen.

The baby was put to the breast four hours after operation had been performed, and every four hours thereafter. After the first two feedings, coffee-ground vomitus occurred, but from that time forth both its feeding and convalescence progressed in an uneventful manner. The child has developed as a normal healthy infant, now weighing twenty-six pounds at the age of nine months, and has never had a day of illness.

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PSEUDOMEMBRANOUS ANGINA: DUE TO PNEUMOCOCCUS

REPORT OF CASE

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SOME recent reports in the medical literature, either again or originally, have called attention to the fact that the pneumococcus must be considered among the infectious agents in anginal disturbances that exhibit a pronounced pseudomembrane on tonsil and throat tissues.

This following case is reported not only for its rarity and importance from the early diagnosis and treatment viewpoint, but also because it resembled a typical lobar pneumonia; that is, as to onset, course, duration, termination by crisis with

profuse perspiration and rapid recovery, with negative findings (clinically) in the lower air passages throughout the febrile and convalescent periods.

REPORT OF CASE

Patient.—Lorraine F.; age six years; school girl.

Chief Complaint.—Sore throat of sudden onset thirty-six hours previously; high temperature (102-105 Fahrenheit); dysphagia; and marked, painful unilateral adenitis.

Personal History.—Negative, except for an attack of tonsillitis about one year ago. Has had some mild upper respiratory infection, with cough, for past two weeks. There were occasional cases of diphtheria among school children in the city at this time, but no known exposure of patient.

Physical Examination.—Positive findings were limited to a swollen left tonsil, studded with infected follicles, and accompanied by a moderately inflamed throat and a pronounced cervical adenitis of same side. Clinically, the lung areas were negative, and so remained at all times the patient was under observation. Throat culture: (twelve-hour) negative for diphtheria bacilli. Growth showed pneumococci and streptococci, with the former predominating.

Progress.—High temperature continued and on third day of illness the follicular tonsil exudate became confluent; then rapidly assumed a pseudomembranous type and extended well over soft palate and onto the opposite tonsil, with added right cervical adenitis. Diphtheria antitoxin, ten thousand units, was given intramuscularly, with some clinical relief of symptoms in twelve hours, but with no apparent effect upon the membrane or temperature. Throat culture, direct from membrane, again negative for Klebs-Löffler bacilli, but grew a pure culture of pneumococci, the type not determined. On the fifth day of illness the fever ended by crisis, with accompanying profuse perspiration, and the local lesions began to clear rapidly; and within twenty-four hours after the crisis persuasion was necessary to keep the little patient at rest in bed.

Early Marriages in New York.—An analysis of the marriage records of the State outside of New York City for 1930 shows that in 230 marriages the bride was under 16 years: 33 brides were 14, and 197 brides 15 years of age. The distribution of the ages of the grooms whom these girls married was as follows: under 20 years, 46; 20-24, 132; 25-29, 32; 30-34, 13; 35 years and over, 7. The youngest groom was 16, the oldest 51 years of age. The median age of the grooms of the 14-year-old brides was 22.8 years; of the 15-year-old brides, 21.3; and for the combined ages, 21.5 years.

The assertion is often made that child marriages are largely confined to that section of our population which is of foreign birth or of immediate foreign origin. The figures, however, do not support this statement. Of the 230 brides, 10 were foreign-born: 5 natives of Italy and 5 of Canada. Of the 220 native-born brides, 153 were of native parentage, 12 of mixed parentage, and 55 of foreign parentage. Relating these numbers to all marriages in the several nativity groups, it is found that they represented 6 in 1000 of the native-born brides of native parentage, the same proportion in the group of native-born brides of foreign parentage, while among native-born of mixed parentage only two brides in one thousand were 14 or 15 years old.

Among the grooms, 47 were foreign-born: 23 were natives of Italy; 6 of Canada; the remaining, natives of twelve different countries. The native-born grooms were divided according to parentage as follows: native, 129; mixed 23, foreign, 31.—*Health News.*

Be prompt at your appointment; that is always possible. Many are always late at a consultation; few miss a train. There is no excuse for tardiness.—Osler, the Teacher.